United Nations E/ICEF/2004/P/L.1

Economic and Social Council

Distr.: Limited
29 March 2004

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2004
7-11 June 2004
Item 4 of the provisional agenda*

Draft country programme document**

Angola

Summary

The Executive Director presents the draft country programme document for *Angola* for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $22,584,000 from regular resources, subject to the availability of funds, and $68,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2008.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

04-28891 (E) 140404

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	7.1
U5MR (per 1,000 live births)	260
Underweight (%, moderate and severe) (2001)	31
Maternal mortality ratio (per 100,000 live births) (2000)	1 700
Primary school enrolment (% net, male/female) (2000)	55/56
Primary schoolchildren reaching grade 5 (%) (2000)	76
Use of improved drinking water sources (%) (2001)	62
Adult HIV prevalence rate (%) (2001)	5.5
Child work (%, children 5-14 years old) (2000)	22
GNI per capita (US$)	660
One-year-olds immunized against DPT3 (%)	47
One-year-olds immunized against measles (%)	74

The situation of children and women

1. Angola is situated on the south-western coast of Africa, with a population estimated at 13 million, over half of whom are children. The country is ranked 164 out of 175 countries on the Human Development Index. The majority of Angola's population lives in poverty, with 68 per cent of urban dwellers living below the poverty line. The rural economy is estimated to be almost entirely at subsistence level.

2. The 27-year civil war, which ended in 2002, resulted in massive destruction and disruption of services and infrastructure. Peace has brought unprecedented prospects to tackle the country's numerous problems and for the fulfilment of rights and achievement of the international development goals for children and women. However, the country's recovery and development will take years. Essential basic services continue to be marked by low coverage, weak capacity and under-funding. Most indicators of the situation of children and women have shown no major improvement in decades. For years, the majority of assistance provided was of a short-term humanitarian nature. However, over the last year, more assistance has been made available to support the country's transition towards development, and a longer-term perspective and strategy are now being developed to address the structural and chronic causes of poverty and the outward manifestations of the difficult situation of children and women.

3. The war led to the internal displacement of over 4 million persons, the majority of whom were children and women. Over three fourths of them have now returned to their areas of origin, most without any form of assistance. Although services in urban areas are stretched well beyond their limit, social indicators show that rural areas are worse off than urban ones. There is a pressing need to restore services and revive local economies in rural areas, while ensuring the reintegration of the returnee population. Mine infestation, however, continues to impede the safe return of populations to rural areas, the revival of agriculture and household food security.

4. While Angola has the potential of using its significant and rising oil earnings to support reconstruction efforts, the external debt burden is a constraining factor. The Government is presently in negotiations with the International Monetary Fund and the World Bank to increase external funding. A draft poverty reduction strategy paper (PRSP) has been recently released and discussions are under way about holding of a possible donors' conference. While in the 2004 budget the Government increased its overall allocation for the social sectors, with the health and education sectors being allocated around 6 and 10 per cent, respectively, these levels continue to fall short of the averages of Southern African Development Community countries.

5. Poor nutrition is a major cause of the high levels of child morbidity and mortality. Worsening household poverty and food insecurity continue to contribute to the extremely high rates of wasting among children, which was reported in several areas both during the war and following the ceasefire. The 2001 multiple indicator cluster survey revealed that 45 per cent of children less than five years old suffered from chronic malnutrition, 31 per cent were underweight and 6 per cent were acutely malnourished.

6. Two leading health concerns are malaria and HIV/AIDS. Malaria is the largest single cause of child mortality. In 2001, only 2 per cent of children under five years of age were using insecticide-treated mosquito nets. The HIV prevalence rate is estimated at 5.5 per cent, but data gaps and weak surveillance need to be addressed in order to adequately assess and monitor the situation. Extremely limited knowledge of, and attitudes towards, HIV/AIDS are of great concern: One out of three women 15 to 49 years of age, has never heard of HIV/AIDS and around one in twelve has adequate knowledge about how the disease is transmitted and prevented. Projections indicate that the number of children orphaned because of AIDS will increase to 331,000 in 2010, up from 104,000 in 2001.

7. The other main causes of child mortality are acute respiratory infections, diarrhoeal diseases and vaccine-preventable diseases, particularly measles. Immunization coverage is increasing, although only 47 per cent of one-year-olds are fully immunized. Major progress has been made towards polio eradication and measles control, and efforts are being made to strengthen routine immunization services. Diarrhoea-related morbidity and mortality are due largely to inadequate access to safe water and sanitation services, particularly in rural areas, where some 60 per cent of households lack access to safe drinking water and 75 per cent do not use sanitary means of excreta disposal. Poor hygiene conditions and access to health services also contribute to the elevated maternal mortality ratio, one of the highest in the world.

8. Education presents a number of challenges, beginning with the fact that 44 per cent of children do not attend primary school. Although there is little disparity between boys and girls in terms of attendance, girls have higher drop-out and lower completion rates. Gender disparity regarding literacy is significant, with only 54 per cent of women over 15 years old literate, compared with 82 per cent of men. The country faces the challenge of increasing the number of children in primary school from an estimated 1.5 million in 2000 to 5 million by 2015 in order to achieve the national goal of universal primary education.

9. An estimated 1 million children died during the years of conflict, which took a heavy toll on the psychosocial well-being of many children. Approximately 43,000 children at present remain separated from their families. The number of orphans

cared for in Angolan households is very high, with 11 per cent of all children under 14 being orphans of one or both parents. Making matters worse is the fact that only 30 per cent of children are registered at birth.

10. Some 30 per cent of children 5 to 14 years old are working. Sexual and economic abuse of children, including child trafficking in certain parts of the county, have also emerged as problems. Strategies and programmes to address the situation of children in conflict with the law are only beginning. Although a legal framework and national strategy for child protection exist, as do networks of child protection organizations, implementation needs strengthening to reach the many Angolan children who are deprived, abused or exploited.

Key results and lessons learned from previous cooperation, 2004

Key results achieved

11. The Government and UNICEF, working closely with other partners, provided key and timely life-saving support in situations of acute critical need. In response to a number of nutrition crises, for example, UNICEF contributed to an intensive effort to train health workers and supply therapeutic and supplementary feeding centres. As a result of such efforts, a number of emergencies were brought under control. Conditions stabilized in all areas where UNICEF and other organizations had uninterrupted access.

12. The 2004 one-year country programme has supported efforts leading from emergency to transition, while promoting greater national ownership of programmes. In the health sector, for example, a nationwide measles campaign in 2003, which reached 7 million children, became the foundation in 2004 for efforts to rebuild routine immunization and launch a major child mortality-reduction initiative. This initiative, launched in March and being phased in gradually, addresses the leading child killers, such as malaria and poor nutrition, through efforts to strengthen essential health services and community response. UNICEF has also supported initiatives to build the capacity of the Government to progressively take over the management of therapeutic and supplementary feeding for children. These initiatives, which include development of national nutrition protocols and the training of health workers, have also progressed well and constitute an entry point for more comprehensive nutrition programmes. Good progress also continues to be made towards polio eradication.

13. The recent finalization of a national HIV/AIDS strategy supported by UNICEF and a number of other partners is a significant achievement, and activities are now under way to implement the plan at sub-national levels. Nevertheless, more concerted action both in terms of prevention and treatment are needed, as the population continues to be at great risk. The country programme helped to achieve a significant expansion in youth-led programmes for HIV/AIDS prevention, which have reached more than 100,000 young people over the past year. However progress has been far more limited in expanding programmes for the prevention of mother-to-child transmission, as well as voluntary testing and counselling.

14. Major advances were made in nearing the goal of universal primary education by 2015. Continued back-to-school campaigns in selected provinces resulted in the enrolment of more than 300,000 out-of-school children in primary grades. Some

4,600 classrooms were built by communities in 2003. These campaigns led to the Government's decision to recruit an additional 29,000 primary school teachers countrywide, which in turn facilitated the enrolment of 1 million additional children by the start of the 2004 school year. A project to address the educational needs of out-of-school youth was also established and has reached almost 90,000 adolescents.

15. The national child protection strategy, originally limited to birth registration, family tracing and reunification, and psychosocial support for children affected by the war, has been gradually expanded and now serves as the basis for interventions in other areas, including the gross violation of child rights. Within this framework, initial efforts have begun to review child-related legislation, strengthen juvenile justice, combat child trafficking, abuse and violence, and analyse the impact of HIV/AIDS on children, including orphans. Significant progress has also been made towards completing the first country report on the Convention on the Rights of the Child, which is overdue.

Lessons learned

16. A number of lessons learned will inform the new country programme. The first is that more sectoral integration is needed. Although efforts focused less on short-term humanitarian assistance and more on longer-term rebuilding, interventions remained overly vertical.

17. Second, experiences with community capacity development remained limited, with the exception of collaboration with the Child Pastorate in primary health care, community-based back-to-school campaigns and village-level water and sanitation and hygiene interventions. Programme communication and social mobilization activities were not firmly anchored within communities, and greater efforts are needed to understand community dynamics and strengthen community ownership of programmes.

18. A third lesson is that fostering national ownership of programmes from the beginning helped to initiate processes and campaigns to address child protection issues, rebuild health services and revitalize basic education. Assisting in this effort was an extremely close working relationship between the Government and UNICEF and an appropriate mix of advocacy, capacity-building and service delivery. Nevertheless, UNICEF needs to increase its own capacity in policy analysis, research and development in order to improve its support of these efforts.

19. Finally, integrating emergency interventions into existing programmes, rather than creating separate and parallel structures, helped the country programme to respond to numerous situations of acute need. The country programme made some improvements in its operational efficiency by tightening synergy between programme and operational components.

The country programme, 2005-2008

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	3 200	17 000	20 200
Basic education	2 544	16 000	18 544
Water, environmental sanitation and hygiene promotion	1 920	7 000	8 920
Child protection	2 000	8 000	10 000
HIV/AIDS and youth	2 000	6 000	8 000
Social policy, advocacy and communication	2 920	3 000	5 920
Cross-sectoral costs	8 000	11 000	19 000
Total	**22 584**	**68 000**	**90 584**

Preparation process

20. The country programme was prepared after discussions with the Ministry of Planning and sectoral meetings with line Ministries, and incorporated conclusions drawn from a strategy meeting. National and international partners were consulted in the process, as were children and youth.

21. The proposed programme has also taken into account the findings of the common country assessment (CCA), finalized in 2002, as well as ongoing discussions with the Government, United Nations agencies and various partners in transition and poverty-reduction strategies. Preparation of the country programme paralleled that of the 2005-2008 United Nations Development Assistance Framework (UNDAF), which is nearing completion. The programme cycles of UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund will be harmonized from 2005 onwards. The country programmes of all agencies will remain flexible in adapting to Angola's rapidly changing environment and the further defining and clarification of national priorities and goals.

Goals, key results and strategies

22. The overall goal of the country programme is to support Angola's commitment to fulfilling the rights of children and women. It aims to assist the Government in: (a) defining realistic targets and strategies to address the needs of children and women, to be set out in the poverty-reduction strategy and development plans; and (b) strengthening national capacities for revitalizing, and ensuring the provision of, essential basic services to benefit children and women.

23. The country programme seeks to contribute to the following key results by 2008: (a) a 50-per-cent reduction in under-five mortality; (b) a reduction of 30 per cent in severe and moderate malnutrition among under-fives; (c) a reduction of 30

per cent in maternal mortality; (d) a net primary school enrolment rate of 75 per cent; (e) promotion of, and support to, the optimal development of children through integrated and improved care, nutrition, education, improved water and sanitation facilities, and hygiene; (f) reduction of the spread of HIV/AIDS so as to maintain the HIV/AIDS sero-prevalence rate below 10 percent, and provision of support and care for those affected by HIV/AIDS; and (g) strengthened national capacities for the protection of the rights of children, including those at risk.

24. The country programme will: (a) support revitalization of the provision of basic services, promoting community-driven demand for these services and facilitating community-based management; (b) catalyse and accelerate progress towards the goal of universal primary education by the year 2015; (c) intensify the fight against HIV/AIDS by expanding existing partnerships with the Government, youth and civil society at large, by increasing access to information and education, and by continuing to advocate that HIV/AIDS be a high national priority; and (d) expand the development of policies and strategies to foster a protective environment for all children.

25. Capacity-building is a strong focus of the new country programme. UNICEF support to capacity-building for service provision will continue, focusing on child and maternal mortality reduction. The country programme will promote development of national policies and strategies that prioritize the rights of children and women. At national and sub-national levels, the programme will support capacity-building to improve programme planning, and technical, managerial, monitoring and evaluation skills. Community capacity development will be used to provide families and communities with the necessary knowledge and skills to realize the rights of children and women.

Relationship to national priorities and the UNDAF

26. The country programme is based on the national goals and priorities, including those reflected in the CCA, UNDAF objectives, the draft PRSP and sector-specific plans and strategies of the Government. The preparation of the country programme has been closely linked to ongoing discussions and work with the Government and partners on the PRSP. While national priorities and strategies are still being clarified, a clear priority of the Government is the revitalization of basic services throughout the country. The country programme will address this priority specifically in the areas of health, nutrition, safe water supply, sanitation and hygiene promotion, basic education and child protection.

27. In the preparation of a national strategy, HIV/AIDS is high on the Government agenda. Through the country programme, UNICEF will assist the Government in its strategic planning to address this growing problem, particularly through prevention of HIV transmission among young people and from parent to child, as well as through the caring of children and families affected by the disease.

Relationship to international priorities

28. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach of the country

programme fully incorporate the five global UNICEF priorities in the medium-term strategic plan for 2002-2005, and all priority areas in the Plan of Action of *A World Fit for Children*.

29. The country programme will also contribute to the attainment of the following Millennium Development Goals that have been endorsed by the Government by supporting the following actions and goals: universal primary education by 2015; gender equality and the empowerment of women; reduction of child mortality by two thirds by 2015; improvement of maternal health; combating HIV/AIDS, malaria and other diseases; and promoting environmental sustainability.

Programme components

Health and nutrition

30. The programme will focus on reducing child and maternal mortality in a number of ways. Health and nutrition as rights will be used to orient parents and families towards making choices for the good health and nutrition of their children. The programme will be based on the primary health care strategy and implementation of the Integrated Management of Childhood Illness (IMCI) initiative. Routine immunization will be used as the entry point in rebuilding essential health services. Regular resources will be used to support policy and systems development, strategic planning and quality assurance, while other resources will help to expand access to services.

31. The child health project will, by 2008, expand and strengthen routine immunization, contributing to the full immunization of 80 per cent of children under one; supporting measles control and efforts to eliminate maternal and neonatal tetanus and maintaining progress towards polio eradication. The project will support expansion of the use of insecticide-treated nets for malaria control and integrate this use into primary health care interventions. The reproductive health project will aim to: strengthen and increase access to antenatal care; reduce risk of malaria during pregnancy using intermittent presumptive treatment (presuming women have the disease and following a specific protocol); and promote the use of insecticide-treated nets for pregnant women. Support will also go towards improving access to essential obstetric care, monitoring maternal mortality through special "audits" and supporting behavioural change to avoid the "three delays" (seeking, reaching and receiving care). Interventions for the prevention of mother-to-child transmission of HIV will be integrated into antenatal services and maternity hospitals.

32. The nutrition project will support: (a) nutritional surveillance to detect groups at risk; (b) participatory nutrition education to promote a healthful and more diversified diet; (c) strengthening of capacities for the referral and correct management of cases of severe malnourishment; and (d) policy development, training, and the provision of equipment and supplies for the following interventions: improved infant feeding, anaemia control and multi-micronutrient supplementation for pregnant women, vitamin A supplementation, and reduction of iodine deficiency through salt iodization. The project will also support improving the nutritional status of HIV-infected children and women.

Basic education

33. The goal is, by 2008, to increase the net primary school enrolment rate to 75 per cent and provide life skills education to 80 per cent of out-of-school adolescents. Strengthening girls' education will be emphasized in efforts to support policy development and planning, curricula development and improved teaching methodologies. Regular resources will primarily support these processes, and other resources will be used to increase access to learning.

34. The early childhood development and school preparedness project will aim to ensure that children have the best start in life by developing policies and strengthening capacities of parents and caregivers to ensure the well-being of children. The project will converge closely with IMCI, nutrition, water and sanitation and child protection interventions supported under other programmes. The project to widen access to quality education will assist in improving data collection on educational needs and resource requirements so that gender-responsive educational interventions can be planned and implemented. Back-to school campaigns for children in municipalities will be implemented, subject to the availability of other resources. Teacher training in life skills and use of gender-sensitive techniques will be supported, as will the provision of basic teaching and learning materials, teacher supervision and community participation in school management. The adolescent learning project will focus on providing life skills education for out-of-school adolescents, and technical support will be provided to develop a general curriculum relevant for youth. Support will also be given to the preparation of a training module for trainers as well as life skills education materials, including those on prevention of HIV and sexually transmitted infections.

Water, environmental sanitation and hygiene promotion (WESH)

35. This programme will contribute to reducing child mortality and morbidity and will support children's education through improved water and sanitation and hygiene promotion in schools and within communities. Regular resources will be used to support policy development and capacity-building, while other resources will support an increase in coverage of WESH services. The policy development and planning project will support the Government in developing strategies for the implementation of the recently approved water law. Specifically, assistance will be provided in the following areas: (a) coverage and quality of services; (b) cost recovery, operations and maintenance of systems; (c) introduction and testing of new and appropriate technologies; (d) community participation and social mobilization; and (e) institutional development, environmental protection and inter-sectoral coordination.

36. The community-based WESH project will contribute towards achieving, by 2008, the national goal of: (a) increasing access to safe water supply to 48 per cent of people in rural areas and 76 per cent of people in urban areas; and (b) providing access to safe means of excreta disposal for 32 per cent of people in rural areas and 79 per cent of people in urban areas. The project will support provincial water directorates in planning, monitoring and implementing WESH projects, and these efforts will be shared by community mobilization. Priority will be given to rural water supply and sanitation in schools.

Child protection

37. The programme will help to strengthen mechanisms to promote child rights and improve legislation, policies, strategies and services addressing both gross violations of child rights and the impact on children of HIV/AIDS and landmines. Regular resources will be used primarily to support policy development and reform, while other resources will be used to support the provision and expansion of services.

38. Under the legal reform and policy development project, UNICEF will provide assistance to harmonize national child legislation with the Convention on the Rights of the Child and other relevant human rights instruments. The special protection project will expand and improve the quality of services in order to ensure children's access to birth registration and to foster a protective environment for children through family reunification, reintegration and psychosocial support. This project will aim to strengthen juvenile justice by exploring alternatives to the detention and institutionalization of children. The project will also work to identify mechanisms to address the rights and needs of orphans and other children made vulnerable by HIV/AIDS, and to monitor, prevent and respond to cases of violence, and sexual and economic exploitation of children. The mine risk education project will support the Government in developing and implementing a national mine risk education strategy. Technical assistance, institutional capacity-building and educational materials will be provided, and teacher training on mine risk education will be supported. Support will also be provided for non-governmental organizations active in this area.

HIV/AIDS and youth

39. This programme will address prevention, care and support among young people, with a special focus on girls and young women. Regular resources will be used to develop policies and strengthen governmental and civil society capacities to ensure that youth have access to information and skills to protect themselves from HIV infection. Situation analyses of young people and HIV/AIDS will be carried out, and support will be provided to the Government in establishing coordination structures, including the mapping of organizations working with HIV/AIDS and youth.

40. To promote awareness and behavioural change among youth, the project will promote a peer-education strategy and help to develop training modules and behaviour-change communication materials. Training for youth partners on interactive learning methods for HIV/AIDS prevention will also be supported. Other resources will be used to provide youth with greater community-based recreational and educational opportunities, access to youth-friendly health services and to other opportunities that could facilitate sexual behaviour change. The project will also facilitate the development of norms and protocols for voluntary counselling and testing, to be used as both a diagnostic and prevention mechanism, and for treatment of sexually transmitted infections and the creation of youth-friendly health services.

Social policy, advocacy and communication

41. Through the policy analysis, monitoring and evaluation project, this programme will support the planning monitoring and evaluation of the country programme, including the integration of emergency preparedness and response

plans. Social policy analysis and guidance will be provided to the Government in the development of national, sub-national and sectoral plans and approaches to alleviate poverty and fulfil the rights of children and women. Support will be given to the collection and analysis of data and the undertaking of research and studies to monitor the situation of children and women.

42. The advocacy and communication project will aim to strengthen communication strategies to address priority issues, including at the community level. Mass programme communication methods will also be supported, and UNICEF will continue to create alliances with journalists and other media professionals in order to promote the rights of children and women. The project will help UNICEF to maintain its position as the most reliable source of information on issues affecting children and women in Angola.

Cross-sectoral costs

43. These costs will cover management and support of the overall country programme, including programme planning and coordination. The costs of operation, such as warehousing and logistics, are particularly high due to the difficult country conditions. Cross-sectoral costs cover expenses involving staff in operations and recurrent costs of sub-offices involved mainly in programme monitoring as well as some expenses of the main office related to supply, logistics, administration and finance.

Major partnerships

44. The continuing development of UNDAF will strengthen partnerships between UNICEF and other United Nations agencies. UNICEF will continue to lead or participate in sectoral working groups on HIV/AIDS, health, nutrition, education, water and sanitation, and protection. Partnership with the World Health Organization on HIV/AIDS, immunization, malaria control and IMCI will be maintained. UNICEF will seek to increase collaboration with UNDP on assessing progress towards achieving the Millennium Development Goals as well as on monitoring poverty, analysing budget and expenditure, and strengthening integrated landmine action.

45. The Government and UNICEF will build on their long-standing partnerships with NGOs and churches, which are vital in efforts to strengthen community capacity. The media will be an important ally of UNICEF in mobilizing public opinion and political will.

46. Several donor Governments are major partners of UNICEF in Angola, including the Governments of Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Sweden, the United Kingdom and the United States as well as the European Commission. These partnerships have provided significant support to the pursuit of country programme goals. Continued funding from donors will be sought and is expected to continue. Partnership with the World Bank is expected to grow concerning a number of social-sector projects under preparation.

Monitoring, evaluation and programme management

47. The Ministry of Planning is responsible for coordination of the country programme, and will ensure the cooperation of different line Ministries concerned with its implementation. Annual plans of action for each project will be prepared jointly by the relevant ministry or department and UNICEF, and joint annual reviews will be held.

48. An integrated monitoring and evaluation plan, regularly updated, will include impact objectives and indicators at the programme level, as well as performance and coverage objectives and indicators at project levels. Country programme monitoring will be facilitated by regular reporting from field offices, frequent field visits and specific surveys. Efforts will be made to strengthen the evaluation function, and several evaluations and formative assessments will be completed.